MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	 FILING DATE	-
APPLICANT(S)	 	-

CLAIMS

	AS FILED		AFTER AFT 1st AMENDMENT 2nd AME		NDMENT]		*		*		*		
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^{*} MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS